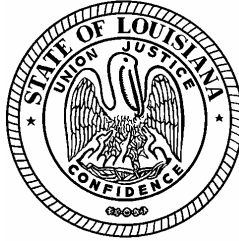


# Louisiana State Board of Medical Examiners

Physical Address: 630 Camp Street, New Orleans, LA 70130  
Mailing Address: P.O. Box 30250, New Orleans, LA 70190-0250  
Phone: (504) 568-6820; Fax: (504) 599-0503



## *NOTICE TO CANCEL THE SUPERVISION OF A PHYSICIAN ASSISTANT*

Name Of Supervising Physician: \_\_\_\_\_

Physician's License #: \_\_\_\_\_

If Group Practice, Name Of Group: \_\_\_\_\_

Business Address: \_\_\_\_\_

Telephone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_

Specialty: \_\_\_\_\_

\_\_\_\_\_  
Supervising Physician Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name Of Physician Assistant: \_\_\_\_\_

License (#): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_

\_\_\_\_\_  
Physician Assistant Signature

\_\_\_\_\_  
Date